

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

2257

## 1. PLACE OF DEATH

County Pike Registration District No. 689 File No. \_\_\_\_\_  
 Township Buffalo Primary Registration District No. 3033 Registered No. \_\_\_\_\_  
 City Louisa, Mo. (No. Pike County Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

James Taylor Ashbaugh Ward \_\_\_\_\_  
 (a) Residence. No. Clarksville Mo (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 da. How long in U. S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mary Ashbaugh (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-28-59

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 9 16

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri10. NAME OF FATHER Andrew Ashbaugh

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky12. MAIDEN NAME OF MOTHER Margaret M<sup>rs</sup> Miller(STATE OR COUNTRY) North Carolina14. INFORMANT Mrs. Mary Ashbaugh(Address) Clarksville Mo15. FILED 7/14 1930 J. H. Kemp REGISTRAR

## 3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-14 1930

17. I HEREBY CERTIFY, That I attended deceased from 1-7 1930, to 1-14 1930 that I last saw him alive on 1-14 1930, and that death occurred, on the date stated above, at 5:45 a. m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pneumonia, following aspiration of blood from lacerated forehead, wounds - ACCIDENT (duration) \_\_\_\_\_ yrs. mos. da.  
107th Accident - Saw Mill (SECONDARY) (duration) \_\_\_\_\_ yrs. mos. da.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

2 DID AN OPERATION PRECEDE DEATH? yes DATE OF 1-7-30WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? Cluical - 16(Signed) Edmund H. Kemp M. D.7/14 1930 (Address) Louisa, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Clarksville Mo DATE OF BURIAL 1/15 193020. UNDERTAKER J. H. Brown ADDRESS Clarksville

